RESOLUTION NO. 2021-05

A RESOLUTION OF THE CITY OF SEDONA APPROVING THE UPDATED APPLICANT'S AGENT FORM SUBMISSION TO THE ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS (DEMA) DESIGNATING THE DIRECTOR OF FINANCIAL SERVICES AS THE CITY'S AGENT FOR APPLYING FOR CERTAIN FEDERAL PUBLIC ASSISTANCE RELATED TO THE CORONAVIRUS (COVID-19) PANDEMIC.

NOW THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SEDONA, ARIZONA, as follows:

<u>Section 1</u>: The Director of Financial Services is hereby designated as the Applicant Agent and Authorized Representative of the City of Sedona, Arizona, and is hereby authorized to execute for, and on behalf of, the City of Sedona, Arizona, this application and to file it in the appropriate state office for the purpose of obtaining certain financial assistance under the Disaster Relief or Hazard Mitigation Assistance Grants or Public Assistance Grants or American Rescue Plan Act Grants.

<u>Section 2</u>. The Application Agent is authorized to provide information to state and federal authorities for all matters pertaining to disaster assistance.

PASSED AND ADOPTED by the Mayor and Council of the City of Sedona, Arizona, this 13th day of April, 2021.

Sandra J. Moriarty, Mayor

ATTEST:

Susan L. Irvine, CMC, City Clerk

APPROVED AS TO FORM:

Kurt W. Christianson, City Attorney

ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS DESIGNATION OF APPLICANT'S AGENT FORM The intent of this **DESIGNATION** is to appoint an **APPLICANT'S AGENT** for the following: Select program(s) ✓ Public Assistance HMA Mitigation Program | SEC Mitigation ✓ Until further notice Only Event Select duration Applicant: City of Sedona **CERTIFICATION** Sandra J. Moriarty ____, duly appointed and Mayor of (Authorizing Official's Name) City of Sedona , do hereby certify that the information below is true and correct, based on a resolution passed and approved (attached) by the City Council (Governing Body) of City of Sedona on the 13 day of April (month) (Applicant) Cherie Wright has been designated as the Applicant's Agent (Name of Designated Applicant's Agent) to act on behalf of City of Sedona (Applicant) 46412021 Mayor (Authorizing Official's Signature (Title) This document MUST be accompanied by a copy of the Resolution or Meeting Minutes by your governing board which designated the Applicant's Agent. **Designated Applicant's Agent** Cherie Wright Name **Director of Financial Services** Title/Official Position Full Mailing Address 102 Roadrunner Drive; Sedona, AZ 86336 cwright@sedonaaz.gov **Email Address** Daytime Telephone Number $\underline{928-203-5193}$ Cell (Please include area code and extension if not a direct number) For DEMA Use Only March 2020 Form #AZ PA 204-4 Received By: (Initials & Date)